

PART B - FEE(S) TRANSMITTAL

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Sue Nienaber	(Depositor's name)
<i>Sue Nienaber</i>	(Signature)
September 16, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/635,911	08/10/2000	Badri N. Prasad	6759	6357

TITLE OF INVENTION: SYSTEM AND METHOD FOR MODELING OF HEALTHCARE UTILIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	10/01/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOPPIKAR, VIVEK D	3626	705-004000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/112) attached.

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2. For printing on the patent front page, list

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ingenix, Inc.

Eden Prairie, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ Publication Fee (No small entity discount permitted)

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Adriana S. Luedke

Date

9/16/2008

Typed or printed name **Adriana S. Luedke**

Registration No. **41,956**

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